

L19000043532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400400887634

02/02/23--01005--006 ♦\$50.00

RECEIVED

2023 FEB -2 PM 12:05

ALABAMA

FILED

2023 FEB -2 AM 9:59

CLERK OF STATE
ALABAMA

**CORPORATE
ACCESS,
INC.**

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25

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PICK UP: 02/02/2023

- ☐ **CERTIFIED COPY** _____
- xx** **PHOTOCOPY** _____
- ☐ **CUS** _____
- xx** **FILING** Statement of Authority

1. **FLORIDA TRUSTS SERVICES LLC**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

file and

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Trust Services LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin Strickler

Name of Person

Firm/Company

11 Carson Ave

Address

Babson Park, FL 33827

City/State and Zip Code

floridatrustservicesllc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Strickler

813

728-7114

Name of Person

at ()

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: Florida Trust Services LLC

SECOND: The Florida Document Number of the limited liability company is: L19000043532

THIRD: The street address of the limited liability company's principal office is:

11 Carson Ave

Babson Park, FL 33827

The mailing address of the limited liability company's principal office is:

11 Carson Ave

Babson Park, FL 33827

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CLERK OF STATE
TALLAHASSEE, FL

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: _____

Kevin T Strickler & Christopher Vorderburg

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: _____

Kevin T Strickler & Christopher Vorderburg

b. No authority granted to: _____


Signature of authorized representative

Kevin T Strickler

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)